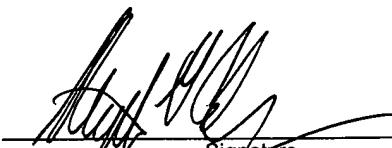
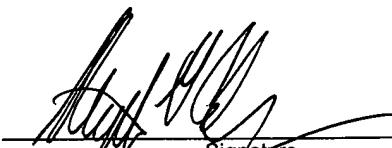
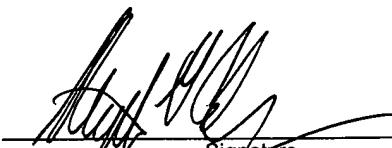


<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 062219																										
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 [37 CFR 1.8(a)] on _____</p> <p>Signature _____</p> <p>Typed or printed name _____</p>		<p>In re Application of Alain DELACHE</p> <table border="1"> <tr> <td>Application Number 10/506,979</td> <td>Filed September 8, 2004</td> </tr> <tr> <td colspan="2">For APPARATUS TO ASSIST A PATIENT'S BREATHING WITH A VARIABLE RAMP PERIOD TO RISE TO TREATMENT PRESSURE</td> </tr> <tr> <td>Art Unit 3743</td> <td>Examiner Nihir B. Patel</td> </tr> </table>	Application Number 10/506,979	Filed September 8, 2004	For APPARATUS TO ASSIST A PATIENT'S BREATHING WITH A VARIABLE RAMP PERIOD TO RISE TO TREATMENT PRESSURE		Art Unit 3743	Examiner Nihir B. Patel																				
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal in (37 CFR 41.20(b)(1))</p> <table> <tr> <td><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:</td> <td>\$ <u>250.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> A check including the amount of the appeal fee is enclosed.</td> <td>\$ <u>310.00</u></td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-2866</u>. I have enclosed a duplicate copy of this sheet.</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> A petition for extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</td> <td>\$ <u>60.00</u></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL</b> \$ <u>310.00</u></td> </tr> </table> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <table> <tr> <td><input type="checkbox"/> applicant/inventor.</td> <td> Signature</td> </tr> <tr> <td>05/01/2006 HGUTEMA1 00000047 10506979</td> <td>Stephen G. Adrian</td> </tr> <tr> <td>02 FC:2401</td> <td>Typed or printed name</td> </tr> <tr> <td>250.00 0P assignee of record of the entire interest. <input type="checkbox"/> (See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td> <td>202-822-1100</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>32,878</u></td> <td>Telephone number</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</td> <td>April 28, 2006 Date</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:	\$ <u>250.00</u>	<input checked="" type="checkbox"/> A check including the amount of the appeal fee is enclosed.	\$ <u>310.00</u>	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	\$ _____	<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.	\$ _____	<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-2866</u> . I have enclosed a duplicate copy of this sheet.	\$ _____	<input checked="" type="checkbox"/> A petition for extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.	\$ <u>60.00</u>	<b>TOTAL</b> \$ <u>310.00</u>		<input type="checkbox"/> applicant/inventor.	 Signature	05/01/2006 HGUTEMA1 00000047 10506979	Stephen G. Adrian	02 FC:2401	Typed or printed name	250.00 0P assignee of record of the entire interest. <input type="checkbox"/> (See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	202-822-1100	<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>32,878</u>	Telephone number	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	April 28, 2006 Date
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This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.